

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/598646**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
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49		/	/	/		
50		/	/	/		
TOTAL IND.		↓	/	↓		↓
TOTAL DEP.	←		/	←		←
TOTAL CLAIMS			2			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
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98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		18	←		←
TOTAL CLAIMS			20			